

SEP 22 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Phelps

Registration District No.

678

Township

Primary Registration District No.

4404

City

St James

File No.

31477

Registered No.

St.

Ward)

2. FULL NAME

Marvin Daniel German

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Matilda German

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug. 14 - 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74

11

12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St James Mo

13. NAME

Henry German

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Phelps Mo

15. MAIDEN NAME

Mary Alexander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Phelps Mo

17. INFORMANT (ADDRESS)

Haller H German St James Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Masonic Cem

DATE

8-4

1937

19. UNDERTAKER (ADDRESS)

W. K. Kiebler

20. FILED

8-15-

1937

Mrs. W. J. Houck

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

8-4

1937

22. I HEREBY CERTIFY That I attended deceased from

July 1

1937

to

Aug 4

1937

I last saw him alive on

Aug 4

1937

Death is said

to have occurred on the date stated above, at

8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach

Date of onset

Other contributory causes of importance:

46

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

C. H. F. F. F.

M. D.

(Address)

St James Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

